



**STATE OF NORTH CAROLINA**  
**OFFICE OF STATE BUDGET AND MANAGEMENT**

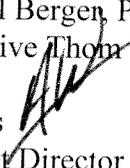
BEVERLY EAVES PERDUE  
GOVERNOR

ANDY WILLIS  
STATE BUDGET DIRECTOR

November 18, 2011

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate  
Representative Thom Tillis, Speaker of the House of Representatives

FROM: Andy Willis   
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.2 of Session Law 2011-0145 (House Bill 200), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to [andy.willis@osbm.nc.gov](mailto:andy.willis@osbm.nc.gov).

Thank you.

AW\kl

**OSBM**

**Notification of Application for Grant Funds/Awards, 2010-11**

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005 919-807-4700  
 Instructions at [http://www.osbm.state.nc.us/files/pdf/files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf/files/grants_instr.pdf)  
 Department of Health and Human Services

- 1 Department (except in DHS) .....
- 2 Division (except in DHS) .....  
     DHS only, choose division from drop down list
- 3 Contact person (name) .....
- 4 Phone number .....
- 5 Email .....
- 6 Funding Entity (grantor) .....
- 7 CFDA number .....
- 8 Grant title .....
- 9 Grant application deadline (MM/DD/YY) .....
- 10 Start date of grant (MM/DD/YY) .....
- 11 End date of grant (MM/DD/YY) .....
- 12 Application type .....
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX) .....
- 15 Fund code (XXXX or NA) .....
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement? .....
- 18 If yes, what is the source of state funds being used to match grant funds? .....
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE? .....
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities? .....
- 23 If yes, identify affected entities by type .....
- 24 Will additional state monies be required to continue the program if grant expires or is reduced? .....
- 25 If yes, is this a requirement of the grant? .....
- 26 Are new FTEs funded through the grant? .....
- 27 If yes, give the number by type for each year .....
- 28 Amount of grants funds applied for in each year .....
- 29 Amount of grants funds awarded in each year .....
- 30 Purpose of grant or amendment .....
- 31 Comments .....

Division of Public Health  
 Mira Shehee, PhD  
 707-5920  
 mira.shehee@dhs.nc.gov  
 Center for Disease Control

93 07

Enhancing Capacity for Environmental and Public Health Surveillance of Unregulated Drinking Water

07/21/11  
 09/12/11  
 09/11/13  
 New  
 No  
 No  
 No  
 No  
 No  
 No

Actual	For 2010-11		SFY 2011-12 Proposed	SFY 2012-13 Proposed	SFY 2013-14 Proposed
	SFY 2009-10	SFY 2010-11			
		Complete either Authorized or Proposed			
		Authorized			
		Proposed			
			\$70,000.00		
				\$70,000.00	

The purpose of this grant is to monitor and describe unregulated drinking water sources (UDWS) by identifying and developing access to datasets that describe UDWS characteristics and using these datasets to provide information in support of actions that improve the health of communities served by UDWS

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions



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 Department of Health and Human Services

- 1 Department
- 2 Division (except in DHHS)
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title

Marlene Myers  
 919-334-1256  
 marlene.myers@dhs.nc.gov  
 US DHHS, ACF, Office of Refugee Resettlement  
 53 576  
 Discretionary Targeted Assistance Grant

- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?

07/06/11  
 09/30/11  
 09/29/12  
 New  
 No  
 1440  
 1170  
 No

- 18 If yes, what is the source of state funds being used to match grant funds?
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?

No  
 No  
 No

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?

No  
 Yes  
 Private non-profit  
 No  
 Yes

- 27 If yes, give the number by type for each year
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

	Permanent		Time-Limited	
	Actual	Authorized	Proposed	Proposed
SFY 2009-10				
SFY 2010-11			1,000	
SFY 2011-12			\$258,053.00	
SFY 2012-13			\$96,351.00	
SFY 2013-14				

- 31 Comments

The purpose of the TAG-D grant is to provide additional employment services to help refugees achieve self-sufficiency. Funds will include a F.T. Program Consultant to oversee the project and provide direct services via contract with local Triangle providers covering Wake, Durham and Orange counties. An estimated 350 refugees will be served. Proposed direct services include: Job Development, placement, follow-up, skills re-certification, vocational and ESL training, case management, transportation, interpretation and immigration assistance.

Return completed form as email attachment and indicate in message that proper agency signoffs have been obtained. Contact your OSBM budget analyst if you have questions.



